

Office of Human Capital Management
Learning Center

USER REQUEST FORM



CIVIL SERVICE EMPLOYEE

INTERN

CONTRACTOR

1. Employee Name ▶		2. Date of Request ▶		3. Phone/Extension ▶	
4. Organizational Code ▶		5. Job Title ▶			
6. Course(s) Requested ▶		Start mm/dd/yyyy	End mm/dd/yyyy	Total Hours	
▶					
▶					
▶					
▶					
▶					
▶					
▶					

7. Justification (Explain benefit of course in terms of employee's job responsibilities)
▶

APPROVAL SECTION

Signature required only if course is more than 8 hours in length and/or non-job related and taken during duty hours

8. Supervisors Name (Printed) ▶	9. Org Code ▶	10. Supervisors Signature ▶
------------------------------------	------------------	--------------------------------

TRAINING ACTION

To be completed by GSFC Learning Center Coordinator

Course Type:
▶